Please type a plus sign (+) inside this box -> X PTO/SB/01 (12-97) Approved for use through 9/30/00. OMB 0651-0032 CLOV 1 4 2003 Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Attorney Docket Number B-113 RADEMARY **DECLARATION FOR UTILITY OR** Ginosar et al. First Named Inventor **DESIGN** COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) 10 / 613,719 **Application Number** 07/03/03 Filing Date □ Declaration Declaration OR 1754 Submitted Submitted after Initial Group Art Unit Filing (surcharge (37 CFR 1.16 (e)) with Initial Filing Unknown **Examiner Name** required)

As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
Method and System for Reactivating Catalysts and A Method and System for Recycling Supercritical Fluids Used to Reactivate the Catalysts										
the specification of which (Title of the Invention) is attached hereto										
OR was filed on (MM/DD/YYYY) 07/03/03 as United States Application Number or PCT International										
Application Number 10/613,719 and was amended on (MM/DD/YYYY) (if applicable).										
	eviewed and understand the ent specifically referred to abo		tified specificatio	n, including the claims, as						
amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.										
and the first of the second se										
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO						
			0000	0000						
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:										
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.										
Application Number	(s) Filing Date	e (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.							

[Page 1 of 2]
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DECLARATION — Utility or Design Patent Application

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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.														
U.S. Parent Application or PCT Parent Number				Parent Filing Date (MM/DD/YYYY)			Parent Patent Number (if applicable)							
10/412,80	6					04/0	9/200)3					ı	
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.														
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number Place Customer														
OR Registered practitioner(s) name/registration number listed below Label here									Code					
<u> </u>	Nam			Regist	ration	/ Hallio	Name			000	Registra Numbe			
Stephen	R. Chri		3	Num 2,687	iper		Nume				Number			
Alan D. K	irsch		3	3,720										
Additional	registered	d practitioner(s) name	d on s	upplemental	Registere	d Prac	titioner I	nformatio	n sheet P	TO/SB/	02C a	ttached here	eto.	
Direct all corr	esponde			Number de Label				C	R 🗹	Corre	spon	dence add	ress below	
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.														
Name of Sole or First Inventor:														
Given Name (first and middle [if any])					Family Name or Sumame									
Daniel M. Ginosar														
Inventor's Signature and M Invo					ے ح						Date	10/15/03		
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Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto														



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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1_ of 1_

											
Name of Addition	A petition has been filed for this unsigned inventor										
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Inventor's Signature	DandMif						, (10/23/03			
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City	Idaho Falls	State	ID		ZIP 8	3404	Country	us			
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor										entor	
Given Name (first and middle [if any]) Family Name or Surname											
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Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any]) Family Name or Su						urname					
Inventor's Signature							Date				
Residence: City	State			Country				Citizenship			
Post Office Address	SS										
Post Office Address					- ₁						
City		State			ZIP		Co	ountry			

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